



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7099

SERIAL NUMBER 09/288,136	FILING DATE 04/08/1999 RULE	CLASS 296	GROUP ART UNIT 3612	ATTORNEY DOCKET NO. 98-1405	
APPLICANTS KATHLEEN F. KOHNLE, PHOENIX, AZ; MICHAEL E. BOUCHES, PHOENIX, AZ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 04/29/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY AZ	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
ADDRESS IVAR M. KAARDAL KAARDAL & ASSOCIATES, P.C. 3500 SOUTH FIRST AVENUE CIRCLE SUITE 250 SIOUX FALLS, SD 57105-5807					
TITLE REAR VIEW MIRROR SUN VISOR ATTACHMENT					
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/288,136	FILING DATE 04/08/99	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 98-1405
-----------------------------	-------------------------	--------------	------------------------	--------------------------------

APPLICANT KATHLEEN F. KOHNLE, PHOENIX, AZ; MICHAEL E. BOUCHES, PHOENIX, AZ.

****CONTINUING DOMESTIC DATA*****None*******

VERIFIED

ple 5/1/00

****371 (NAT'L STAGE) DATA*****None*******

VERIFIED

ple 5/1/00

****FOREIGN APPLICATIONS*****None*******

VERIFIED

ple 5/1/00

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AZ	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>ple 5/1/00</u> Examiner's Initials _____		Initials _____			

ADDRESS
KAARDAL & ASSOCIATES
ATTN IVAR M KAARDAL
622 S MINNESOTA AVENUE
SUITE 1
SIOUX FALLS SD 57104-4825

TITLE
REAR VIEW MIRROR SUN VISOR ATTACHMENT

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	--	---